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Title: Local Agency (LA) Staffing

Purpose

To ensure that each local agency (LA) employ or contract with adequate staff to ensure participants receive high-quality nutrition services while maintaining the recommended staff to participant ratio of 300:1 (300 participants to 1 Full-Time Equivalent (FTE)).

Authority

7 CFR 246.6

Policy

Each LA is required to have a WIC Director and adequate Competent Professional Authority (CPA) staff to serve their participant numbers. Employing or contracting the services of a Registered Dietitian (RD) for high-risk participant assessment and education and the approval of medical formulas is also required.

Guidelines

I. WIC Director

A WIC Director is responsible for overseeing the administrative aspects of the WIC Program. Typical responsibilities include fiscal management, program planning, staff supervision and serving as a contract liaison.

II. Registered Dietitian

A Registered Dietitian (RD) is responsible for providing nutrition assessment, developing a nutrition care plan and providing education to high-risk participants who, at certification or follow-up visits, are determined to require more in-depth nutrition intervention (Designated Referrals for High Risk Participants). A Registered Dietitian approves medical formula and supplemental food requests for participants.

III. Competent Professional Authority

A Competent Professional Authority (CPA) is responsible for the determination of participant nutritional eligibility for the WIC Program, the development of a participant's nutrition care plan and the assignment of food prescriptions. A CPA provides breastfeeding and general nutrition education to individual participants and small groups. Other responsibilities include promoting and supporting breastfeeding, providing program outreach and making referrals to community services. Non-RD CPA's refer participants requiring more in-depth nutrition intervention to the RD. The educational background required for an individual to serve as a CPA is outlined in Policy 4-2, Local Agency (LA) CPA Requirements.

IV. Nutrition Aide

A. A Nutrition Aide, Program Specialist, Nutrition Assistant or similar job title is responsible for a variety of duties dependent upon the LA. Typical job duties include

gathering demographic information; screening and determining categorical, residential and financial eligibility; gathering height, weight and biochemical information; issuing food instruments; scheduling appointments; making referrals to community services; promoting and supporting breastfeeding; performing general clerical duties and providing program outreach.

1. Per the Clinical Laboratory Improvement Act (CLIA) regulations, staff performing biochemical tests must possess a high-school diploma or the equivalent.
2. Nutrition Aides may provide direct nutrition services to individual participants and small groups after completing the appropriate Competency Based Training modules and under the supervision of a CPA (refer to Policy 4-5, Local Agency (LA) Staff Orientation and Training). This includes the screening of dietary information, the provision of low-risk nutrition education and the provision of breastfeeding education.

V. Local Training Coordinator

Each LA shall designate a Local Training Coordinator. This individual is responsible for overseeing the training of WIC staff including the Computer Training, New Employee Orientation, WIC Competency Based Training modules and continuing education (refer to Policy 4-3, Local Training Coordinator).

VI. Breastfeeding Coordinator

Each LA shall designate a Breastfeeding Coordinator. This individual shall be trained to promote and support breastfeeding (refer to Policy 7-2, Local Program Breastfeeding Coordinator).

VII. Retailer Coordinator

Each LA shall select a staff member to act as the Retailer Coordinator. This position is the primary local contact for WIC Authorized Retailers. They will be responsible for store visits; annual training and corrective participant and retailer training (Policy 4-20, Local Program Retailer Coordinator).

Policy Number: 4-2
LA CPA Requirements
Effective/Revised Date: October 1, 2008

Title: Local Agency (LA) CPA Requirements

Purpose

To ensure that qualified professionals are making decisions about WIC eligibility and benefits, each local agency (LA) must have on staff or on contract at least one person meeting the requirements to serve as a WIC Competent Professional Authority (CPA).

Authority

7 CFR 246.7

Policy

LA's must have sufficient CPA hours provided based on LA participation. The CPA is responsible for certifying nutritional risk conditions, providing nutrition and breastfeeding education and prescribing supplemental foods.

Guidelines

I. Qualifications

A. LA CPA's shall be one of the following:

1. Registered Dietitian (RD);
2. Nutritionist with a Bachelor's or Master's degree from any college/university which is accredited/approved by the Commission on Accreditation for Dietetics Education;
3. Diet Technician, Registered (DTR);
4. Health-related degreed professionals (such as RN, LPN, Health Promotion, Health Education, Health and Human Development, Community Health, Early Child Development, Exercise Science, Family and Consumer Sciences, or Home Economics) with 6 or more semester credit hours in food and nutrition appropriate to the WIC population (including courses in Basic Nutrition, Nutrition in Life Cycle, Community Nutrition or Nutrition and Disease) and successful completion of an Anatomy/Physiology series of coursework;
5. Other degreed professionals with 12 or more semester credit hours in food and nutrition appropriate to the WIC population (including courses in Basic Nutrition, Nutrition in the Life Cycle and at least one other upper-level nutrition class) and successful completion of an Anatomy/Physiology series of coursework. Nutrition and Anatomy/Physiology coursework must have been completed within the past 10 years, unless the applicant has been working in the Nutrition field; or
6. Current Montana WIC CPA as of the original effective date of this policy, August 1, 2003.

B. LA's not able to recruit and hire a qualified CPA may submit a plan to the State Office for approval for temporary CPA coverage. This plan shall include:

1. Plans for obtaining a qualified CPA, such as posting the position and hiring, completion of educational requirements by current staff or another person, etc.
2. Who will serve as the CPA during the temporary situation. This may include a:
 - a. Home Economist with an emphasis in nutrition or equivalent (send in transcripts for review by the State Office Nutritionists)
 - b. Registered Nurse
 - c. Physician's Assistant
 - d. Physician
3. A timeline for obtaining a qualified CPA. The maximum time period allowed for temporary CPA coverage is one year.

II. Procedure

- A. Registered Dietitian and Registered Diet Technician CPA's must provide appropriate registration and/or licensure information to the LA.
- B. To verify completion of the necessary degree, Nutritionist CPA's shall provide transcripts to the LA prior to hiring.
- C. The LA shall submit transcripts to the State Agency (SA) for review and approval prior to hiring a "Health-related" or "Other degreed professional" CPA.
- D. LA's with only one CPA shall develop a written contingency plan for CPA coverage during vacations, illness or other extended leave. This plan shall be submitted annually with the LA application.
- E. All CPA's shall successfully complete the Computer System Training per Policy 4-4 WIC Computer System Training.
- F. All CPA's shall attend New Employee Orientation and successfully complete the Competency Based Training modules according to Policy 4-5 Local Agency (LA) Staff Orientation and Training and successfully attain the minimum hours of continuing education per year according to Policy 4-7 WIC Continuing Education Program.
- G. All CPA's must complete a minimum of five certifications quarterly to be able to continue to serve as a CPA.

Policy Number: 4-3
Maintaining Quality Local Program Staff
Effective/Revised Date: September 1, 2009

Title: Maintaining Quality Local Program Staff

Purpose

In order to maintain qualified CPA staff and quality nutrition services, the Montana WIC Program will seek additional funds through Operational Adjustment (OA) and Infrastructure Requests with USDA.

Regional local programs are responsible for insuring all staff receive training and meet the continuing education requirements as described in Policy 4-8 WIC Continuing Education Program.

Authority

7 CFR 246.7

Policy

The Montana WIC Program will assist regional local programs, when earmarked funds are available, to provide specific training to meet CPA standards, WIC applicable certifications/credentials, State Nutritionist training and applicable nutrition college courses.

Procedures

I. Obtaining Funding

Each year the Montana WIC Program will submit a request for Operational Adjustment funds to support training for individual staff. If additional funds become available at the Federal level and a need remains unmet, a second request may be made by the State.

- A. An Operational Adjustment Request will be made for non-routine training.
- B. An Operational Adjustment Request will be made on an as needed basis to support a regional local program staff member enrolled in a qualified dietetic internship.
- C. An Infrastructure Request will be made for development projects of training which will be on-going and encompass whole categories or large numbers of staff.

II. Priority Ranking of Requests

The award of funds to regional local programs will be dependent on the approval and funding level of the Operational Adjustment Request. The State Office will rank regional local program requests passed on the following criteria and in this descending order of priority:

- A. A degreed professional requiring additional course work (nutrition/anatomy and physiology) to meet the definition of a CPA in an area without a CPA;
- B. A degreed professional meeting the definition of a CPA un a difficult to hire area with an approved plan in place as described in Policy 4-2 Local Agency CPA Requirements.

- C. In order to maintain a standard of at least one Certified Lactation Consultant (CLC) per regional local program, a staff member requesting assistance with CLC initial training expenses for a session held in Montana or at a location in a surrounding state close enough to Montana to remain cost effective;
- D. Continuing education for regional local program and state staff to maintain a certification/registration applicable to performing quality nutrition services in the WIC Program (i.e.: RD, CLC or IBCLC).

III. Dietetic Internship for RD Status

A regional local program staff member with a degree meeting the requirements to apply for an ADA approved dietetic internship, may request assistance with tuition and books in the form of a stipend. If after review and consideration, the state office approves the request, a separate OA request will be made. The staff person must repay the stipend if the coursework is not completed adequately to sit the RD exam or does not complete the time commitment for remaining employed with a WIC Program in Montana.

IV. How a Regional Local Program makes a Request

- A. If the request involves paid staff time, it will be made by the lead of the regional local program in writing or by e-mail to the designated state staff person.
- B. If the request does not involve staff time, it may be made by the staff person with a note of approval by the lead of the regional local program.
- C. The request will contain:
 - 1. Name of the individual;
 - 2. Requested course(s), CLC training, or continuing education opportunity;
 - 3. Brief justification of need;
 - 4. Other information such as objective (conferences), dates, and location; and
 - 5. Costs, including registration, tuition, books, travel and per diem.

V. Notification of Approval and/or Funding

The State Office will notify the lead regional local program and the staff member of the approval of a request and when funding has been received. Details of registration, payment, ordering of materials or any additional commitment will be finalized at that time.

Policy Number: 4-4
Local Training Coordinator
Effective/Revised Date: August 1, 2003

Title: Local Training Coordinator

Purpose

Ensure all WIC Programs have standardized staff training

Authority

7 CFR 246.7 and 246.11(2)

Policy

Each local agency (LA) shall designate a coordinator to oversee LA staff training. The local training coordinator (LTC) is responsible for ensuring timely completion of all necessary training for WIC staff including the WIC Computer Training, the WIC Competency Based Training (CBT) modules and WIC continuing education.

Training information shall be kept on file at the LA and information on completion of training sent to the State Agency (SA). The LTC is also responsible for conducting an annual assessment to identify areas of staff training needed.

Guidelines

I. Local Training Coordinator

Each LA shall select a LTC and submit the coordinator's name to the SA at the time of selection.

II. The Training Coordinator shall ensure that:

- A. new LA staff complete WIC Computer Training, and the Competency Based Training modules in a timely manner;
- B. LA staff receives required training prior to provision of WIC services with pre-requisite training;
- C. LA staff receives at least the minimum required WIC Continuing Education Credits annually;
- D. appropriate and timely staff training is conducted for LA staff on pertinent WIC topics; and
- E. staff training and education is documented and maintained for review during monitoring visits at the LA and information on completion of training is sent to the State Office.

III. Local Training Coordinator Annual Assessment

The LTC may assist in conducting an annual assessment to identify areas of staff training needs.

IV. Local Training Coordinator Staff Training

The LTC may communicate staff training needs to WIC SA personnel for future development of programs of benefit to LA.

V. WIC Computer Training

Local WIC Program staff must have successfully completed the Montana WIC Computer Training prior to accessing the WIC automated computer system.

VI. Competency Based Training

Competency Based training consists of a series of eight self-taught modules. Information for the time lines for their completion is found in Policy 4-5, Local Agency (LA) Staff Orientation and Training.

VII. Continuing Education

In order to maintain a current update on issues pertinent to the WIC program, staff is required to obtain continuing education credits from approved sources annually. The numbers of credits staff must attain are based on hours working in WIC and are outlined in Policy 4-7, WIC Continuing Education.

Policy Number: 4-5
Computer System Training
Effective/Revised Date: August 1, 2003

Title: WIC Computer System Training

Purpose

To ensure all WIC Programs train new employees and/or volunteers in compliance with established Federal and DPHHS computer policies and procedures.

Authority

7 CFR 246.7

Policy

All new employees must complete the WIC Computer Training on how to operate the automated system prior to utilizing the system. The Montana WIC Program operates from an automated computer system. Examples of operation are to intake participants, certify participants, input health updates and issue food instruments.

Procedures

I. Notification of training

- A. The Local Training Coordinator (LTC) must notify the State Agency (SA) of new employees and make arrangements for training materials to be sent:
 - 1. Training Laptop;
 - 2. Training Manual;
 - 3. Training Packet.
- B. Request a computer access log in number from the SA for the new employee. A 'Non-DPHHS Employees System/File Access Request' form will be provided and must be returned with required signature prior to granting access.

Note: The training laptops will be sent to local agencies (LA) on a first come, first serve basis depending upon availability. It is to your benefit to contact the SA as soon as you have hired a new employee.

II. New Employee Computer Training

New employees must complete Computer Training to acquire sufficient knowledge and skills necessary to provide competent participant care. The LTC and LA are responsible for providing guidance and help to the new employee during the training session.

III. Complete Training

- A. Once training is completed the LTC from the LA must:
 - 1. Send the signed Training Completion Signature Form to the SA verifying the computer training was successfully completed;
 - 2. The SA will respond with the new staff person's log in number.

IV. Training Laptop

The LTC is responsible for returning the training laptop to the SA at the expense of the LA. Refer to the shipping instruction sheet for further information.

Policy Number: 4-6
LA Staff Orientation & Training
Effective/Revised Date: October 1, 2009

Title: Local Agency (LA) Staff Orientation and Training

Purpose

All local agency (LA) staff shall complete Competency Based Training (CBT) modules appropriate to their job positions.

Authority

7 CFR 246.7

Policy

Local agency staff will receive training on basic nutrition needs of the populations WIC serves, breastfeeding promotion and support and the VENA approach to provision of nutrition services. Information on module completion and completion of viewing the Montana WIC Vena Training DVD shall be kept on file at the LA for review. The Local Training Coordinator (LTC) shall submit documentation of completion of modules and VENA training to the State Nutrition Coordinator.

Procedures

I. WIC CBT Modules

All WIC staff who provide direct services to participants shall successfully complete the WIC CBT modules on the following topics within six months of employment:

- A. Breastfeeding Promotion and Support (At a minimum, complete task appropriate sections);
- B. Basic Nutrition.

II. Anthropometric Module

All WIC staff weighing and measuring participants and performing hematological testing shall successfully complete the Anthropometric module prior to performing these functions independently.

III. Breastfeeding Module

All WIC staff providing breastfeeding education shall successfully complete the Breastfeeding module prior to provision of breastfeeding education.

III. WIC Aides shall complete other modules based on job responsibilities

- A. WIC Aides may provide low-risk nutrition education upon successful completion of the modules listed below. The LTC is responsible to oversee the content of the information provided.
 - 1. Basic Nutrition;
 - 2. Pregnancy;
 - 3. Infant Nutrition;

- 4. Toddler and Preschooler Nutrition.
- B. WIC Aides may teach classes after successful completion of the Basic Nutrition module and the module specific to the topic of the class. Training must be provided prior to the teaching of the class by the LTC or designee.

IV. Modules Completion

WIC CPA's shall successfully complete all modules listed above within the first six months of employment. WIC Aides shall successfully complete all modules listed above within the first year of employment.

V. Module Post Tests

Copies of module post tests and record of module completion shall be kept on file at the LA for review. The LTC shall submit documentation of completion of modules to the State Nutrition Coordinator.

VII. VENA Training

- A. All WIC staff providing nutrition education shall complete the viewing of the Montana WIC VENA Training DVD prior to provision of nutrition education.
- B. All other WIC staff with direct participant contact shall complete the viewing of the Montana WIC VENA Training DVD within the first three months of employment.
- C. The LTC shall submit documentation of the completion of the WIC VENA training to the State Nutrition Coordinator.

Policy Number: 4-7
Tracking LA Training
Effective/Revised Date: May 1, 2003

Title: Tracking Local Agency (LA) Training

Purpose

The State Agency (SA) is required to have a process for assuring all staff in contracted WIC Programs are updated/trained on new policies/procedures as they are received.

Authority

246.4, 246.6, 246.11(c) (2)

Policy

It is the policy of the Montana WIC Program that contracted WIC Programs develop a system, according to their entity's policies, structure and size, to disseminate information sent by the State Office to all their staff in local, outlying and satellite clinics. Contracted WIC Programs also need to keep on file supporting documentation that training has occurred.

Guidelines

I. Form development

Contracted WIC Programs will develop a form for all staff to sign and date as verification they have read policy/procedure information received from the SA.

II. Forms signed and dated

These signed and dated forms will be kept on file for review during the monitoring visit.

III. Numbered Memo's

Beginning in November 2008 all Numbered Memo's are distributed electronically by the State WIC Office through the WIC Weekly Newsletter. Memos may be printed and signed by each LA WIC employee or a log maintained indicating the Memo was read by all LA WIC employees. A record of signatures shall be kept at the Lead Agency.

Policy Number: 4-8
WIC Continuing Education
Effective/Revised Date: October 1, 1999

Title: WIC Continuing Education Program

Purpose

In order to promote and maintain a quality WIC Program, Local Agency (LA) staff are required to obtain approved continuing education credits.

Authority

7CFR 246.7 & 246.11 (c) (2)

Policy

It is the policy of the Montana WIC Program that all Local WIC Program staff who provide direct WIC services to program participants must successfully attain the required hours of continuing education in one contract period (12 months) while employed or volunteering in WIC.

Procedures

I. Continuing Education Credit(s)

Continuing Education Credit(s) must be requested by one of two methods, pre-event method or post-event method.

II. Pre-event Method

- A. Pre-event Method: This is the preferred method for approval of continuing education credits. The program planner for major State conferences which will be attended by many Montana WIC staff (Spring Meeting, MPHA, and MDA) generally requests continuing education units for WIC in advance. Application by this method provides knowledge of what will count for CEU's prior to attending.
1. Request the form or copy it from the current State Plan (form follows this policy).
 2. Complete the form with the requested information. Attach additional sheet if necessary to list session instructor(s), qualification(s) and objective(s).
 3. List the number of CEU hours requested. If credit for multiple sessions is being requested, break out by session.
 4. Attach the brochure or program information. The more complete the information provided, the easier it will be to make the determination.
 5. Submit the request as soon as possible prior to the event (3 months prior to the event, when possible). Submitting less than 3 months prior to the event may result in non-approval due to the short notice.
 6. Call if you have questions about approval or to check on progress of the approval; the phone numbers are 1-800-433-4298 option 3 or 406-444-2841.

III. Post-Event Method

- A. This method is appropriate when approval has not been obtained prior to the event.
1. Request the form or copy it from the current State Plan (form follows this policy).
 2. Complete the form with the requested information. Attach additional sheet if necessary to list session instructor(s), qualification(s), relationship and concept item(s).
 3. List the number of CEU hours requested. If credit for multiple sessions is being requested, break out by session.
 4. Attach the brochure or program information. The more complete the information provided the easier it will be to make the determination.
 5. Submit the request within 90 days of attending the event. If you submit the request after 90 days, the request will be denied.
 6. Be aware that approval of CEU's by this method requires each staff member requesting credit to discuss concepts learned and describe how these concepts will be applied on the WIC job.
 7. Call if you have questions about approval or to check on progress of approval; the phone numbers are 1-800-433-4298 option 3 or 406-444-2841.

IV. Approved Continuing Education

A portion of an event may be approved for continuing education credit (i.e., you plan to attend the Montana Perinatal Association Meeting).

V. Completion

The information below describes the required number of CEU's required.

Continuing Education is Successfully Completed If...			
State office records show the following CEU hours attained in a 12 month period from Oct. 1 to Sept. 30.			
	EMPLOYED...	THEN YOU NEED...	
	Full time	12 hours for each 12 month period	
	Part time (.5 - 1.0 FTE)	12 hours for each 12 month period	
	Part time (less than .5 FTE)	6 hours for each 12 month period	
Note: All CEC's MUST be approved in advance by the State WIC Nutrition Education Coordinator. Use either the "Pre-Event Request for Continuing Education Credit Approval" or "Post Event Request for Continuing Education Credit Approval" Forms.			

For Pre-Event Request for Continuing Education Credit Approval form see Attachment W.

For Post-Event Request for Continuing Education Credit Approval form see Attachment X.

Policy Number: 4-9

Program Benefits

Effective/Revised Date: October 1, 2009

Title: Program Benefits

Purpose

To ensure WIC benefits are provided to eligible women, infants and children who reside in Montana.

Authority

7 CFR 246, ARM 16.26.101-402, Public Law 95-627 and the Child Nutrition Act of 1996.

Policy

The Montana WIC Program will provide program benefits to eligible women, infants and children who reside in Montana.

Guidelines

I. WIC Program benefits consist of:

- A. Nutrition education and counseling to:
 - 1. Individuals in face to face meetings, or
 - 2. Groups of 2 or more persons.
- B. Access to health care programs plus referral to other private and public health care providers such as:
 - 1. Private physicians;
 - 2. Local public health departments;
 - 3. Other appropriate care givers.
- C. Specific supplemental foods such as:
 - 1. Infant Formula
 - 2. Infant vegetables and fruits;
 - 3. Iron-fortified cereals;
 - 4. Peanut butter/dried beans and peas;
 - 5. Milk and Cheese;
 - 6. Eggs;
 - 7. Vitamin C rich juices;
 - 8. Whole grain choices;
 - 9. Tuna and Salmon, and;
 - 10. Fresh fruits and vegetables.

Policy Number: 4-10
Local Program Policies
Effective/Revised Date: October 1, 1997

Title: Local Program Policies

Purpose

Local WIC programs are responsible to provide WIC services as specified in their contract with DPHHS/WIC. However, flexibility in daily program operations is necessary to most effectively utilize available funds. Local programs are encouraged to utilize written policies to assure that staff, participants and employers know how WIC will be implemented. State agency staff must review policies before implementation to assure that program regulations are not being violated and that local programs are protected against audit findings.

Authority

7CFR 246.6

Policy

WIC program policies developed by a local agency (LA) for local WIC operations must be approved in advance by the WIC State Agency (SA).

Guidelines

I. Local Agency Program Policies

LA program policies must be dated and signed by the local WIC program project director and contain the non-discrimination statement.

Note: The policy format is of the LA's choosing.

II. Prior Approval

LA policies must receive prior approval from the SA.

III. Posting

It is strongly recommended that local policies be posted in a highly visible location in the WIC office, particularly if the policy affects participants.

Example: Policy statements about no-shows or appointments.

Policy Number: 4-11
Non-Discrimination Statement
Effective/Revised Date: October 1, 1998

Title: Non-Discrimination Statement

Purpose

State agencies (SA) are required to implement a public notification program to inform participants and applicants, particularly minorities, of their rights and responsibilities, their protection against discrimination and the procedures for filing a complaint. Therefore, any materials that provide information about a federally funded program and the means of participation must contain the non-discrimination statement if they will be distributed for or by a State or local WIC program as a part of their public notification process.

Authority

7 CFR 246.8

Policy

A statement of non-discrimination will be utilized on program documents provided to applicants/participants.

Guidelines

I. Printed Materials

This policy applies to brochures and any other literature, posters or visuals produced by a participating food retailer, a formula company or other interested party at their expense relating to program benefits and eligibility. Regardless of the intent, design or source of materials, if they convey messages concerning program benefits and eligibility, and are used by State and local programs to meet their required public notification requirement, the non-discrimination statement must be included.

II. Standard Version

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (866) 632-9992 (toll free), (202) 260-1026, or (202) 401-0216 (TDD). USDA is an equal opportunity provider.”

III. Abbreviated version (to be used only when space is limited)

“This institution is an equal opportunity provider.”

IV. Radio/Television Public Service Announcements

“WIC is an equal opportunity provider.”

V. The following items require the non-discrimination statement.

- A. Retailer posters which are developed by State and local programs and by formula companies.

- B. Media notices for food retailer and local WIC program solicitations.
- C. Newsletters, internal and inter-departmental, as well as those meant for participants and/or other outside agencies, particularly if the newsletters convey WIC benefits and participation requirements.
- D. Outreach and referral materials which are sent to physicians, hospitals, social services and health care centers or to other professionals.
- E. Letters of invitation to participate in the public hearing process which are sent to organizations and other interested parties, and media announcements of the public hearings.
- F. Notices of warning or adverse action to participants and applicants, local programs and food retailers, and employees or employment applicants.

Note: When circumstances are ambiguous, we suggest that the decision to use the statement is prudent.

Example: Notices of ineligibility or disqualification, and cards or letters for missed appointments for food instrument pick-up or subsequent certification.

VI. Non- Discrimination Statement

- A. The following items do not require the non-discrimination statement, but it is strongly recommended that it be included.

- 1. Notices of warning of adverse actions or fair hearing procedures.

Note: From a program standpoint, we strongly recommend that the statement be included because the notices serve as notice of condition to continued eligibility and convey the intent of fairness in the processing of the action.

- 2. Nutrition education materials such as posters and pamphlets.

Note: Nutrition education materials which are developed primarily for nutrition education, such as a poster on food preparation or a flip chart on the basic food groups (but do not discuss or describe program benefits or eligibility) do not need to have the statement included.

- 3. Participant's ID cards, fact sheets, participant food instrument folders, food lists for both participant's and food retailers, and other policy publications.

Note: The non-discrimination statement is not required on participant identification cards (ID), food instrument folders, or food lists for participants and food retailers unless these publications describe the WIC Program's participation requirements and benefits.

Title: Confidentiality

Purpose

To ensure WIC programs recognize the inappropriate release of WIC information could potentially result in lawsuits against the state or local program by the applicant or participant who provided the confidential information to the WIC program. USDA/FNS may also take adverse action against the state or local program for failing to follow Federal program regulations, instructions and policy.

Authority

7 CFR 246.26(d)

Policy

- I. Montana WIC Program staff (both state and local) must ensure participant information is kept confidential in compliance with federal regulations. Disclosure of participant information, whether provided by the applicant or participant or observed by WIC staff, is limited to:
 - A. Persons directly connected with the administration or enforcement of the Montana WIC program to include WIC staff and managers and administrators who are responsible for the ongoing conduct of program operations including verification of income eligibility and detection of dual participation. Excluded are operational personnel not certifying and/or serving WIC applicants and participants, as well as administrators who do not directly supervise WIC staff.
 - B. Representatives of public organizations designated by the chief health officer which administers health or welfare programs that serve persons categorically eligible for the WIC program. The State WIC agency must enter into a written agreement with each specific program. In addition the written agreement will contain a clause that the receiving Program will not in turn disclose the information to a third party.
 - C. The Comptroller General of the United States for audit and examination authorized by law.

Note: At the time of application, applicants and participants will be informed with whom information may be shared through the "CERTIFICATION FORM AND ELIGIBILITY STATEMENT". Applicants and participants do not have the option of declining to permit such information sharing if they wish to participate in the WIC program.

Guidelines

I. General

- A. Each local agency (LA) is responsible for protecting the right to privacy of WIC applicants/participants. Utmost care shall be taken to ensure WIC staff keeps participant/applicant information confidential to the best of their abilities.

- B. When contacting applicants/participants via the telephone or mail, LA staff shall first verify that permission has been given to contact the applicant/participant at this location.
- C. Necessary discussion of WIC applicants/participants between LA staff shall take place in private areas where the information cannot be overheard by other participants, staff from other programs or the general public.
- D. The Montana WIC Program has more agreements in place with MT Immunization Program and MT Extension Service. For details of what participant information may be shared, please request a copy of the agreement from the state office.

II. Physical Space

Whenever possible, the LA shall provide separate rooms or private spaces for gathering participant information (income, weight, etc.) and individual counseling. Because much of the screening process for WIC eligibility is considered sensitive in nature, privacy is critical. Participants may be reluctant to provide accurate information if they believe others may hear what they are saying.

III. Suspected or Known Child Abuse or Neglect

It is not the intent of this policy to prohibit or restrict the reporting of suspected or known child abuse or neglect. WIC staff must follow Montana State Law requiring the reporting of known or suspected child abuse or neglect.

IV. Release Forms

- A. Requests for applicants and participants to sign release forms shall be limited to:
 - 1. Court requested information (subpoenas)
 - 2. An applicant or participant request that information be sent to a third party or an organization (e.g., a doctor, insurance program, school nurse, job service, etc.).
 - 3. Facilitating referral to another program. Signing such a release form may not be a condition of eligibility or participation
 - 4. Local programs may not have participants sign open-ended release forms. Release forms should have a timeline of 6 months to one year. Such a practice of requesting open ended release forms could serve as a barrier to participation for a large number of people who are most in need of program benefits.

V. Fax

- A. Fax technology is a boon to the fast communication of information and enables patient care needs to be met more quickly. Use of the facsimile machine can also compromise the integrity of the medical record and lead to loss of patient confidentiality. The following guidelines apply to transferring patient information via facsimile.
 - 1. Fax users at both ends of the transaction must know the proper procedures for the handling of confidential materials.
 - 2. Fax only to and from machines located in secure or restricted access areas.

3. Transmit patient data by fax only when the original document or mail delivered copies will not serve.
4. Fax patient health care data only when the information is to be used for a patient care encounter (not as a routine release of information to a third party).
5. It might be appropriate to fax a release of information to a WIC office from which a participant transferred and did not get a VOC card.

Example: It is not appropriate to fax to a machine in another office, such as the County Health Officer's fax machine, unless a WIC staff person is waiting at the machine to receive the fax.

VI. Volunteers

- A. It is the responsibility of the local WIC program to exercise discretion in screening and selecting capable volunteers who would have access to confidential information. If, in the opinion of the local WIC program, a potential volunteer does not appear to be a good candidate for keeping information confidential, there may be other activities that the person can perform that would not include access to participant information.
- B. Once volunteers are selected, specific confidentiality requirements governing the WIC Program must be covered in the orientation or training of volunteers. Local programs shall ask volunteers to read and sign Policy 4-11. By reading and signing the policy, the volunteer would agree to keep information confidential or forfeit the volunteer assignment. Such action would reinforce the volunteer the importance of maintaining confidential participant information.
- C. Follow up training can be conducted periodically to remind volunteers, as well as paid staff, of the importance of maintaining the confidential nature of participant information.

VII. Auditors

- A. Official auditors from USDA Supplemental Food Programs, Montana Legislative Division, Department of Public Health and Human Services or those contracted designated by the local program administration to assure fiscal integrity may have access to confidential participant information in the normal course of performing the review.
- B. The audit report may not contain identifiable participant information.

Policy Number: 4-13
Conflict of Interest
Effective Date: October 1, 2009

Title: Conflict of Interest

Purpose

To prevent any conflict of interest or even any appearance of a conflict of interest between any employee of a local agency (LA) and a retailer (including authorized grocers and farmers at authorized farmers markets) within the LA's jurisdiction.

Authority

7 CFR 246.12

Policy

The State Agency (SA) shall ensure that no conflict of interest exists between any local agency (LA) and a retailer within the LA's jurisdiction.

Procedures

Notify the State WIC Office of any potential or real conflict of interest between WIC staff, either state or local, and Retailer personnel. Conflicts of interest may include, but are not limited to the following:

- I. Employment of a staff member or spouse, son, daughter, parent or sibling of a local or state WIC agency staff member by a retailer within the LA or SA's jurisdiction.
- II. Receiving a fee or gift from a retailer in exchange for providing WIC information, or WIC staff action that would materially benefit the retailer, or for preferentially promoting the retailer. (Note: Donations to a promotional event encouraging WIC participation are not considered to create a conflict of interest).
- III. Receiving, either directly or through a relative, a substantial gift of financial assistance from a local retailer.
- IV. Entering into a business transaction with a local retailer or a staff member acquiring a pecuniary interest in a retailer.

Policy Number: 4-14

Integration of WIC Program Benefits with Health Services

Effective/Revised Date: October 1, 1997

Title: Integration of WIC Program Benefits with Health Services

Purpose

An intake procedure is an activity to collect information for purposes of program eligibility.

Authority

7 CFR 246(5), Selection of local agencies

Policy

The Montana WIC Program will work with other health programs and services to promote administrative efficiency and participant convenience to the provision of WIC services by combining intake procedures whenever possible.

Guidelines

I. Disclosure of Participant Information

- A. Disclosure of participant information, whether provided by the applicant or participant or observed by WIC staff, is limited to representatives of public organizations designated by the chief health officer which administers health or welfare programs that serve persons categorically eligible for the WIC program. The State WIC agency must enter into a written agreement with each specific program for the sharing of participant information (see Policy 4-12, Confidentiality).
- B. The Montana WIC Program has entered into a state wide memorandum of understanding (MOU) with the Montana Immunization Program. The following information can be shared with the local immunization program without a signed release of information.
 - 1. Listing of age appropriate WIC participants.
 - 2. Information provided by applicants and participants in connection with application to the WIC Program may be provided to the representatives of the Immunization Program for the purposes of determining eligibility for the Immunization Program and conducting outreach for the Immunization Program.

II. Income Verification

Income verification, income computations and certification interviews constitute information sources.

Note: Screen Number WICPS202 in the WIC Automated System contains information suitable for sharing/combining with other program intake procedures.

Policy Number: 4-15
Health Worker Vaccinations
Effective/Revised Date: October 1, 2000

Title: Health Worker Vaccinations

Purpose

All local WIC program staff are encouraged to have current immunizations, particularly for Rubella and measles.

In the majority of daily WIC activities, conscientious adherence to the universal precautions for handling blood and body fluids will be adequate protection against contracting disease. However, the incidence of disease appears to be on the rise and in some cases vaccinations are appropriate.

Authority

7 CFR 246.7 and State Policy

Policy

Local WIC program employees are considered health workers and immunizations needed to maintain worker health are allowable WIC expenses (see guidelines).

Guidelines

I. Hepatitis B

- A. The cost of Hepatitis B vaccine remains high. In order to make the best use of available dollars, we will judge each case individually and on its own merits.
 - 1. Local WIC program expenditures for Hepatitis B vaccination(s) for local program personnel is allowable only under these circumstances:
 - a. If the WIC employee routinely draws blood samples for hematological testing regardless of his/her WIC job; and/or
 - b. If a WIC participant being served by the local WIC program is positively identified by laboratory test as being infectious with Hepatitis B.

Procedures

II. Written Request Required

- A. A written request for Hepatitis B vaccination(s) must be made, including appropriate documentation, to the State agency and approval in writing received before vaccine is purchased. If an agency has an exposure control plan that has been approved by Montana WIC, individual approval as positions are filled, is not necessary.

Policy Number: 4-16
Immunization Screening & Referrals
Effective/Revised Date: August 15, 2005

Title: Immunization Screening and Referrals

Purpose

Low-income children are less likely to be immunized than their counterparts, placing them at high risk for potentially debilitating or deadly diseases.

Educating WIC participants and their families about the importance of immunizations and providing referrals to immunization services has been a part of WIC's efforts for many years.

Authority

MPSF: WC-01-35-P & WC -03-10-P

Policy

Local WIC program staff will refer any WIC participant who appears delinquent or not current for immunizations to their health care provider.

Procedures

I. Scheduling a Certification and Immunization

The parent or guardian of an infant or child applicant scheduling a certification or subsequent certification appointment will be asked to bring the child's immunization record. Advise the parent or guardian the immunization record will be used to assess immunization status only and is not required to complete the certification.

II. State Wide MOU with Immunization Program

At certification the applicant will be notified that information provided by applicants and participants in connection with application to the WIC Program may be provided to the representatives of the immunization Program for the purposes of determining eligibility for the immunization program and conducting outreach for the immunization program. A listing of age appropriate WIC Participants may also be shared.

III. Certification is Completed

After the certification is completed, the parent or guardian will be requested to sign a release of information specific to immunizations. See Attachment G for an example of the specific immunization release of information form.

IV. Signed Release

A signed release of information, with the second box checked, will allow the immunization record to be entered or updated in the Immunization Registry.

V. Refuse to Sign

The parent or guardian may refuse to sign the release of information for the Immunization Registry. The parent or guardian should be referred directly to the Immunization Program.

VI. Direct referral

A direct referral of the WIC participant to the Immunization Program does not require a release of information form.

Policy Number: 4-17
Caseload Management (Waiting Lists and Mid-Cert Terminations)
Effective/Revised Date: August 1, 2003

Title: Caseload Management (Waiting Lists and Mid-Cert Terminations)

Purpose

To ensure Local WIC programs serve the highest priority WIC participants when the maximum participation level has been reached.

Authority

7 CFR 246.7 & State Policy

Policy

The following priorities shall be applied by the Competent Professional Authority when vacancies occur after a local WIC program has reached its maximum participation level, in order to assure that those persons at greatest nutrition risk receive program benefits.

Procedures

I. Priority System

- A. The State WIC Agency may set income priority levels within these six priority levels:
1. **Priority I:** Pregnant women, breastfeeding women and infants at nutrition risk as demonstrated by hematological or anthropometric measurements, or other documented nutrition related medical conditions which demonstrate the person's need for supplemental foods.
 2. **Priority II:** Except those infants who qualify for Priority I, infants (up to 6 months of age) of WIC participants who participated during pregnancy, and infants (up to 6 months of age) born of women who were not WIC participants during pregnancy but whose medical records document that they were at nutrition risk during pregnancy due to nutrition conditions detectable by biochemical or anthropometric measurements or other documented nutrition related medical conditions which demonstrated the person's need for supplemental foods.
 3. **Priority III:** Children at nutrition risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods; postpartum teens pregnant at 17 years of age or under.
 4. **Priority IV:** Pregnant women, breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern, migrant status or homelessness.
 5. **Priority V:** Children at nutrition risk because of an inadequate dietary pattern, migrant status or homelessness.
 6. **Priority VI:** Postpartum women at nutrition risk.

II. Waiting Lists

- A. The primary purpose of waiting lists is to maintain a pool of interested applicants from which highest priority people can be selected to actually participate when caseload slots become available. An important element of the system is to give benefits to those of greatest need.
- B. The procedures for waiting lists and screening should also be consistent with efficient and effective management practices and should not become a futile exercise in paperwork.

III. Waiting List Procedures

Notify the State WIC Agency if you are considering a waiting list as an option to resolve a caseload problem. The State WIC Agency must determine when waiting lists may be started.

IV. Caseload Management (Waiting Lists and Mid-Cert Terminations)

- A. If a waiting list is started, local programs must keep lists of interested persons who visit the WIC program when no funds are available to provide benefits or the maximum assigned caseload is reached.
- B. The waiting list must include the applicant's name, date placed on the waiting list, address or telephone number, and category. Individuals must be notified of their placement on a waiting list within 20 days of their initial contact with the clinic.
- C. Only those applicants with a reasonable expectation of receiving program benefits need to be placed on the waiting list.
- D. For example, if there are enough applicants in the Priority I and II list to fill openings over the next few months, a Priority V applicant need not be placed on the waiting list except:
 - 1. If the applicant insists on placement on the waiting list, the applicant must be processed. Fair Hearing Procedures can be initiated if an applicant's request for placement on the waiting list is denied.
 - 2. The waiting list should not be so restrictive that when openings occur for program benefits, no applicants are listed.

V. Waiting List Rankings

- A. Applicants are ranked on the waiting list according to their Priority. (See Priority System label above.) Applicants with valid VOC (Verification of Certification) Cards will be placed at the top of waiting lists.
 - 1. Applicants must be completely screened, a determination of eligibility/ ineligibility made and a certification period established before being placed on the State Certification System waiting list.
 - 2. Only the applicants placed on the State certification waiting list will be used in the calculation of staffing/funding.
- B. Applicants placed on a less formal waiting list after a brief screening to determine priority placement will not be used in the calculation of staffing/funding.

VI. Applicant

Explain to the applicant why placement on the waiting list is necessary and of realistic possibilities of receiving benefits.

VII. Selective Screening

- A. Selective screening of applicants may be done if only a few of the Priority Groups are being listed. As in the example above, if only Priority I and II applicants are being listed to fill the limited openings, the screening on a Priority V may not need to be completed.
 - 1. Applicants with referral information applicable to certification may not be given preference over applicants without predetermined information.
 - 2. If the waiting list is comprised of low priority individuals, then alternative criteria may be selected to further subdivide the group to determine greatest need within the Priority.

VIII. Waiting List Priorities

- A. Applicants are removed from the waiting list in priority order. That is, Priority I's are all served before Priorities II, III, IV, V and VI.
- B. Remember: Each certification is a separate entity. A previous certification does not guarantee continued participation if a higher priority applicant is on the waiting list.

IX. Appointment Openings

When openings become available, applicants will be notified by telephone or mail following same local clinic procedures used when notifying participants of an upcoming or missed appointment.

X. Waiting List Monitoring

Waiting lists must be retained to be reviewed during the next monitoring visit reviewing certification procedures.

XI. Mid-Certification Terminations

- A. Mid-certification termination due to lack of food money.
- B. Under State direction, local programs may be required to reduce caseloads by terminating participants currently certified.
- C. The State WIC Agency will direct local programs as to which priorities must be terminated.
 - 1. The procedure will begin with the lowest priority participants and continue up the priority ranks until the State caseload reaches a level which can be served.
 - 2. A participant terminated mid-certification will be given a Notice of Ineligibility and a minimum of 15 days notice that program benefits will be discontinued. The 15 days notice will include the prescribed food package to cover the time period.
 - 3. If it is necessary to terminate participants above a Priority IV, affirmative action ranking will be assessed within each subsequent priority group.

XII. Participants Being Dropped

No certifications can be performed while participants are being dropped.

XIII. Participants Terminated

Participants terminated or refused certification shall be placed on a waiting list following procedures found in II, Waiting Lists, above.

Policy Number: 4-18

Benefit Stock Receipt, Security and Inventory Control

Effective/Revised Date: October 1, 2007

Title: Benefit Stock and MICR Cartridge Receipt, Security and Inventory Control

Purpose

WIC benefit stock must be kept secure at all times

Authority

7CFR 246.12(P) & (Q)

Policy

WIC benefit stock shall be kept secure at all times, and disposal must be properly documented.

Procedures

I. Benefit Stock and MICR Cartridge Security and Inventory Control

- A. Keep all blank benefit stock and MICR Cartridges in a locked vault, filing cabinet or drawer. Only authorized personnel may issue WIC benefits and MICR Cartridges.
- B. One staff person in each clinic must be designated as “inventory control person.” When possible, this function of accountability must be different from the person issuing benefits. The inventory control person has responsibility to:
- C. Assure the safe keeping of the blank benefits and MICR cartridges. Benefits and MICR cartridges must be locked up when not in use; whether that is overnight, during the lunch hour or any other time staff are absent; and
- D. Provide benefits to other WIC staff that are authorized to issue them.

II. Benefit Stock Destruction

- A. When a clinic is instructed to destroy benefits, follow these procedures:
 - 1. Witness the destruction of the benefit stock by a local agency employee.
 - 2. Destruction by either incineration or shredding.
 - 3. Complete the “WIC Benefit Stock Disposal Form” (Attachment H) and send to the State Office within 5 days of the witnessed destruction of benefits.

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Policy Number: 4-19
Forms, Pamphlets & Special Orders
Effective/Revised Date: August 1, 2003

Title: Forms, Pamphlets and Special Orders

Purpose

To ensure Local Agencies are using standardized forms and pamphlets supplied by the State Office.

Authority

7CFR 246.7(l) & 246.11(c) (3)

Policy

Every six months (September and March) Local Agencies shall fill in and submit to the State Office the order form requesting a sufficient supply (to last six months) of the standardized WIC Administrative and Nutrition forms.

Procedures

I. SUPPLIES

- A. Supplies should be reviewed and an order placed every 6 months. You should keep a 3 month supply on hand. Supplies will be sent to you.

Form ID	Description	Revision Date
101	Certification Form and Eligibility Statement Non-Reservation	10/06
102	Certification Form and Eligibility Statement Reservation Program	3/06
104	Participant's Rights and Responsibility (English) (Spanish Sp Order)	3/06
107	Zero Income Statement	6/06
108	Progress Notes	6/90
109	Report of Attempted Program Abuse (Retailer Complaint Form)	
113	Prenatal Health and Diet Questionnaire	8/07
113a	MT WIC Pregnancy History Form	8/07
114	Breastfeeding and Postpartum Health and Diet Questionnaire	8/07
116	Child Health and Diet Questionnaire	
117	WIC Infant Nutrition Questionnaire Birth – up to 6 Months Old	8/07
118	WIC Infant Nutrition Questionnaire 6 Months – Up to 1 Year	8/07
119	Prenatal Gain in Weight Grids--U-Underweight	3/99
120	Prenatal Gain in Weight Grids--S-Standard	3/99
121	Prenatal Gain in Weight Grids--O-Overweight	3/99
122	Growth Grids-Girls-Birth to 36 months	6/00
123	Growth Grids-Girls-2 to 5 years	5/00
124	Growth Grids-Boys-Birth to 36 months	6/00
125	Growth Grids-Boys-2 to 5 years	5/00
126	WIC Fair Hearing Procedures	
127	VOC Card (Verification of Certification)	
128	WIC End of Cert/Notice of Ineligibility	10/07
129	WIC ID Packet (green)	1/00

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130	Plastic Sleeves (for the ID packet)	
131	WIC Outreach Brochure	
131B	WIC Outreach Brochure Insert (Income Eligibility Guidelines)	
134	WIC Poster (to list hours, location)	
135	WIC Poster (to list hours, location)	
136	Civil Rights Poster	
137	Approved Foods List**	2007-08
139	Participant Handbook	1/08
140	Call-In Formula Request Form	2/07
141	Formula Request Form for RD's	9/07
142	Breast Pump Release Form	3/06
143	DPHHS WIC Address Labels	
145	Request for Medically Necessary WIC Approved Formula **	11/07
201	"The First Twelve Months" A Guide to Infant Feeding	
202	Changing Your Infant to a New Formula	
204	Food Guide Pyramid-Toddlers	
205	Food Guide Pyramid-Preschoolers	
206	Food Guide Pyramid-Breastfeeding Moms	
207	Food Guide Pyramid-Healthy Pregnancy	
209	Food Guide Pyramid-Healthy Choices for Woman	
210	Food Guide Pyramid-Healthy Choices for Woman (no baby)	
211	Snacks for tough teeth and healthy bodies	2000
302	Breastfeeding Your Baby (0-3 Months)	1997
303	Breastfeeding Your Baby (3-6 Months)	1997
304	What Foods Should You Give Your Baby (0-12 Months)	1995
305	Starting Your Baby on Solid Foods (older)	1995
306	Solid Foods Additions During Transition Period (older)	
307	Easy Foods for Toddlers to Eat (child-T)	1995
308	Feeding Children (child-T)	1995
309	Keeping Children from Choking (child-T)	1995
310	If Your Toddler or Preschooler Doesn't Eat Enough	1997
311	What is a Good Eater? (child-P)	
312	How to Feed Your Baby, Breast or Bottle	
313	Bottle Feeding Your Baby (0-3 Months)	1995
314	What Should You Feed Your Baby? (older)	1995
315	How to Feed Your Baby Solids (older)	
316	Weaning Your Baby (older)	
317	Easy Foods for Toddlers to Eat (child-T)	
318	What a Meal Should Include (child-T)	1995
319	How to Feed Your Preschooler (child-P)	1995
320	How to Feed Your Preschooler	1995
321	If Your Child is Finicky	1995
500	Check Stock (350=1 Ream)	

II. Breastfeeding Pamphlets

**Montana WIC Program
Breastfeeding Pamphlets Order Form**

All forms are subject to availability.

Date: _____

Clinic: _____ Name: _____

Quantity	Item	
La Leche League:		
Tear Off Sheets:		
Sent	Order	
		Are Your Nipples Sore?
		Breastfeeding Tips (English and Spanish)
		Establishing Your Milk Supply
		Facts About Breastfeeding
		How to Know If Your Breastfed Baby Is Getting Enough Milk
		If Your Breasts Become Engorged
		Importance of Breastfeeding
		La Lactancia Materna
		Manual Expression of Breast Milk
		Nipple Shields
		Persistent Diarrhea in Babies and Toddlers
		Preparing to Breastfeed
		Storing Human Milk ***
		Tips for Breastfeeding Twins ***
		Tips for Rousing a Sleepy Newborn
		Tips for Handling the Baby Blues
		Working and Breastfeeding
Pamphlets:		
		Breastfeeding a Baby with Down Syndrome
		Breastfeeding and Fertility
		Breastfeeding and Sexuality
		Breastfeeding the Baby with Reflux
		Common Myths About Breastfeeding
		The Diabetic Mother and Breastfeeding
		How to Handle a Nursing Strike
		Nursing a Baby with a Cleft Lip or Palate
Noodle Soup Materials:		
Pamphlets:		
Sent	Order	

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		#1 You Are Pregnant
		#2 Getting Started
		#3 How should I care for myself after my baby is born?
		#4 Answers for breastfeeding problems
Various Sources:		
Booklets:		
Sent	Order	
		Breastfeeding: Keep It Simple (English)
		Why Should I Nurse My Baby (English)
		Why Should I Nurse My Baby (American Indian)
		Why Should I Nurse My Baby (Spanish)
		Why Should I Nurse My Baby (Vietnamese)
		Why Should I Nurse My Baby (Chinese)

*** Not currently in supply.

III. Spanish Materials Available

Lactancia Materna (Breastfeeding – La Lache)	“Los Primeros Doce Meses” (Introduction of Solids)
“Breastfeeding Tips” (English one side and Spanish one side)	“Why Should I Nurse My Baby”
Rights & Responsibilities Form	

IV. Native American Materials

Why Should I Nurse My Baby	
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V. Chinese

Why Should I Nurse My Baby	
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VI. Vietnamese

Why Should I Nurse My Baby	
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VII. Forms Developed by Local WIC Programs

If a local WIC program has developed a WIC program form or pamphlet which meets a special need, it must be sent to the State WIC Agency for approval before it is put into use.

Policy Number: 4-20
Records Management
Effective/Revised Date: October 1, 2005

Title: Records Management

Purpose

To ensure Local Agencies are following a standardized records retention procedure

Authority

7 CFR 246.25(a)(1) & (2)

Policy

Local Agencies shall manage the records within their office in accordance with the procedures outlined below.

Procedures

I. Unless otherwise noted, records must be managed as follows:

A. Post-Automation Records

Record Name	For How Long	Confidentiality	Safekeeping Required?	Deadline for Submission to State WIC Agency
Certification Form and Eligibility Statement	3 years	Yes	Yes	NA
Family Folders	3 years	Yes	Yes	NA
Participant Complaints	3 years	Yes	Yes	Notify as occurring- Process within 30 days
Participant Fraud Form	3 years	Yes	Yes	When Reported
Food Instrument Stubs	3 years	Yes	Yes	NA
WIC Checks	Until Used	No	Yes	N/A
Beginning of Day Reports	3 years	Yes	Yes	NA
End of Day Reports	3 years	Yes	Yes	NA
Tape Back-up Log Sheets	1 year	No	No	Upon Request
Retailer Complaint Form	3 years	Yes	Yes	When Reported
Contract Application/	3 years	No	No	April 30

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Budget Request				
Nutrition Education Plan	3 years	No	No	With annual contract application
Outreach and Referral Plan	3 Years	No	No	With annual contract application
List of Homeless Facilities/ Institutions Meeting Criteria in Policy 5-5	3 years	No	No	With annual contract application
CLIA Information (those under the State Agency's Certificate)	3 years	No	No	With annual contract application

B. Automation Records

Record Name	For How Long	Confidential	Safekeeping Required?	Deadline for Submission to State WIC Agency
Contracts with DHES/ DPHHS	3 years	No	No	Before June 30
Expenditure Reports (with supporting documentation)	Local, minimum 3 years	No	No	28 th of following month
Inventory Worksheet	3 years	No	No	When changes occur
SA Monitoring Reports	3 years	No	No	Respond within 60 days after report
WIC Agency Correspondence	3 years	No	No	N/A
Self-Monitoring Reports	3 years	No	No	N/A
L.P. Evaluation of S.A.	1 year`	No	No	March 1
General Program Complaints	3 years	Yes	Yes	When reported
VOC Cards	Until used	No	Yes	N/A
VOC Log	3 years	Yes	Yes	N/A
Signature/Initial List	3 years	No	Yes	At monitoring

C. Destruction of Records

1. Records deemed eligible for destruction per the above schedule, will be either shredded or incinerated.
2. If shredding or incineration is done by someone other than WIC personnel, the destruction needs to be witnessed by WIC personnel.

Policy Number: 4-21
Local Program Retailer Coordinator
Effective/Revised Date: October 1, 2005

Title: Local Program Retailer Coordinator

Purpose

To ensure Local Agencies have a coordinator on staff who is the primary contact for both the State Office and local Retailers.

Authority

7 CFR 246.12

Policy

Each local agency shall select a staff member to act as the Local Agency Retailer Coordinator (LARC). This person may serve as the retailer coordinator for all sites within the contracting agency, or for one specific site.

While the retailer coordinator will be the primary contact, they need not be the only local program contact. This will be determined by local program policy.

The local agency must notify the Montana WIC Program whenever the coordinator changes. This will ensure information is getting to the correct person in the shortest time possible.

Procedures

I. Coordinator Training

- A. Training of the LARC will be conducted by the State Administrative and Retailer Unit (SARU) at, preferably, the annual WIC meetings or at regional MAWA meetings. Information to be covered in the training includes:

1. Retailer Training
 - a. Why train WIC retailers
 - b. Training materials
 - c. "WIC" message
 - d. Contact with retailers
 - e. New retailers
 - f. Current retailers
 - g. Annual training
 - h. Dealing with store complaints
 - i. Dealing with participant complaints
2. Initial Store Visits
 - a. Educational Buys

b. Monitoring Visits

II. Potential Retailers

- A. It is the responsibility of the LARC to contact new grocery or pharmacy businesses in their service area to offer participation in WIC. Topics to be discussed should include:
 - 1. A brief description of the WIC Program
 - 2. The difference between WIC and the Food Stamp Program
 - 3. How WIC affects the local community
 - 4. How WIC purchases could affect their sales
- B. If the prospective retailer is interested, the LARC should refer the retailer to the State WIC Program for an application packet and further information.

III. Educational Buys

- A. Upon written request of the SARU and receipt of the pertinent documents, the LARC will do educational buys at specified WIC retailers. The coordinator must file a written report of the educational buy with the State Administrative and Retailer Unit within 60 (sixty) days of the date of request.
- B. The purpose of the educational buy will be to determine what problems may exist at retailers, or to verify complaints filed by WIC participants. The results of the educational buy will be discussed immediately after the purchase with the store manager or owner.

IV. Retailer Training

Upon written request of the SARU and receipt of the pertinent documents, the LARC will hold one routine interactive training session during a contract period for the local area authorized retailers. Other training may be provided on an as needed basis. Attendance at the training will be mandatory for at least one representative from each individual retailer. The appearance of a single representative from a chain or group of retailers will not meet the requirements of the WIC retailer contract.

V. Initial Retailer Visit

- A. An initial visit will be made to prospective WIC retail grocery stores to ensure the required varieties of authorized foods are available, and to verify prices. This visit will be made by the LARC upon written request of the SARU.
- B. The LARC will schedule an appointment with the owner/manager of the retail store to discuss more detailed aspects of the WIC Program. An in-store walk-through will be made to complete an inventory of authorized WIC foods already in stock. The report must be signed by both the WIC representative and the store owner/manager. This initial visit must be made and documented before the grocery store may be authorized as a retailer.

VI. Retailer Complaints

- A. It is the responsibility of the LARC to respond to either written or verbal complaints from authorized retailers concerning potential or actual program abuse by WIC participants.
- B. The complaint and the resulting actions must be documented in the participant's file, with a copy sent to the SARU.

VII. Participant Complaints

- A. It is the responsibility of the LARC to investigate either written or verbal complaints made by WIC participants concerning activities at authorized WIC retailers. The LARC should contact the retailer owner/manager to discuss the complaint. The results of the conversation must be documented.
- B. A separate complaint file must be maintained of all complaints received by the LARC and the action taken. Copies of the complaints and action should be forwarded to the SARU. This file will be reviewed by the State's monitoring teams.

Policy Number: 4-22
Outreach/Referral
Effective/Revised Date: October 1, 2005

Title: Outreach/Referral

Purpose

The primary function of outreach is to increase the visibility of the WIC Program to ensure potentially eligible persons in the state are aware of the WIC program and know where to seek services and to improve health professional's awareness of WIC benefits.

Authority

7CFR 246.4 (a) (7) & 246.7(a) (b)

Policy

All Local Agencies shall develop and implement an outreach/referral system designed for their communities.

Guidelines

- I. The Local Program is responsible for the following outreach/referral efforts:
 - A. Send press releases and public service announcements to local media at least annually. The annual press release must include information with regard to participation in WIC by homeless individuals and organizations and agencies serving the homeless.
 - B. Distribute materials to local physicians, dietitians, nurses and other community agencies which include information on the WIC program, locations and telephone numbers of their clinic sites and income guidelines.
 - C. Keep documented outreach efforts on file.
 - D. Make concerted efforts with existing health and social service agency programs for enhanced health benefits and cost effectiveness to reach to reach migrant farm worker and homeless populations.

II. Referral Coordination

- A. Each local WIC program must identify their referral network of resources in order to improve services to the WIC population.
- B. A written listing of the local agency's referral network must be available for staff to make appropriate referrals. This listing must be updated regularly.
- C. A list of local resources for substance abuse counseling and treatment will be available for distribution.
- D. A listing of possible community resources to be evaluated for the local agency's referral network follows. Referral is an integral part of WIC. WIC serves as an adjunct to health care, making extensive use of referrals to community resources to work towards meeting the needs of the WIC participant.

Resources to Review for Local Agency Referral Network

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Community Services

911	Emergency Medical	Fire
Police	Sheriff	Coroner
DARE	County Extension/EFNEP	Animal Control
Transportation	Child Protection Team	Preventive Community Programs, i.e., Summer Jobs for Kids Program

Human Resources

Housing	Head Start	Education – Schools, Job Training
Weatherization Program	Foster Grandparents	Big Brother/Big Sister
Handicapped	Fuel Assistance (LIEAP)	School Lunch/Breakfast/Summer feeding Program

Social Services

Food Bank	AI/AIAnon	Alcohol/Drug Treatment Centers
Battered Women's Shelter Support Groups	Women in Transition	Mental Health Center
Salvation Army	Goodwill	St. Vincent de Paul
Rescue Missions	Florence Crittenton Home	Young Families
Catholic Charities (includes Adoptive Services)	Lutheran Social Services (includes Adoptive Services)	Shodair Adoptive Services
Credit Counseling		

Recreational

Swimming	Baseball	Etc.
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Organizations/Service Clubs

Red Cross	March of Dimes	Heart Association
Lung Association	Diabetes Association	Infant/Child Care Centers
After-School Programs	Service Organizations (Altrusa; Soroptomists; Rotarians; Knights of Columbus; Lions; Shriners; YMCA)	

Public Health Agency

Local County or City-County Health Department	Aid for Dependent Children (TANF)	Well-Child Clinics
KIDS COUNT (EPSDT)	Parenting Classes or Groups	Support Classes or Groups
STD	AIDS	Childbirth Preparation Classes

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testing/counseling	testing/counseling	
Lamaze	Home Visits (High Risk Follow-Up)	Targeted Case Management
Breastfeeding Education, Training, Support, Classes, Hot Line	Healthy Mothers, Healthy Babies Coalition	Teen Pregnancy Classes; Groups
Social Services	Dental	Environmental, Sanitation Services

Resources for Native Americans

Clinic	Housing	Social Services
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Hospital(s)

Maternity Services	Outpatient Services	Well Child Clinics
Immunizations	Dental	KIDS COUNT
Target Case Management	Day Care	Bereavement, Infant Loss, Hospice
Hot Lines	Community Health Education	CPR Training
Early Infant Intervention Program	Breastfeeding Support, Training, Management (linked with local WIC Program)	Outreach (linked with local WIC Program)
Smoking Cessation Programs	Substance Abuse Prevention Programs	

Medical Clinic(s)

Medicaid	KIDS COUNT (EPSDT)	Immunization
Outreach (linked with local WIC Program)	Targeted Case Management	Specialties (Pediatricians, Allergists, etc.)
Family Planning	CHIP	

Free-Standing Clinic(s)

Satellites	Shopping Malls	Neighborhood Clinics
School-based Clinics	Breastfeeding consultants IBCLC or CLL	

Rehabilitative Clinics or Centers that offer Specific Health Services

Occupational Therapy	Physical Therapy	Speech Therapy
Nutrition Services	Adolescent Psychiatric	

Title: Printer Policy

Purpose

To ensure printers are used appropriately by local agencies.

Authority

State Policy

Policy

The WIC State Office "IT help desk" will handle printer issues and/or questions from WIC local agencies. Local WIC Agencies are not to print WIC benefits and ordinary documents on the same physical printer where possible.

Guidelines

I. Number of Printers Supplied

The State Office shall provide two printers for network and standalone sites. One printer shall be the benefit printer, and the other printer shall be a backup for the benefit printer.

II. Usage

- A. The backup printer may be used for document printing but it must remain available to replace the benefit printer in the event the benefit printer fails.
- B. The benefit printer must only be used to print benefits, except for clinics run from a laptop where the benefit printer may be used for beginning of day and end of day reports.
- C. The backup printer may be networked. The State Office will configure and install the printer on the network; however, the State Office will bill network port charges for the printer back to the local agency.
- D. The local agency is responsible for proper usage of printers (i.e., using proper paper, using proper toner cartridges, routine maintenance). If negligence in printer operation is found, the cost of repair or a new printer will be charged to the local agency.

III. Security

Benefit stock (and MICR cartridges) actively being used for printing shall be stored in a locked location whenever the benefit printer is not attended. The preferred method is to have the printer installed in a lockable location. The location shall be locked whenever the printer is unattended. It is acceptable to move the printer to a locked location when not attended. It is also acceptable to remove the benefit stock and cartridge from the printer and put them in a locked location when the printer is unattended.

IV. Repair

The State WIC Office will exchange broken printers. Call the "IT help desk". See Procedures.

V. Use of MICR and Standard Cartridges

- A. The State WIC Office shall supply MICR cartridges. MICR cartridges shall only be installed in the benefit printer. The benefit printer shall only be used to print benefits. No other documents are to be printed on the benefit printer except as specified for laptop computers.
- B. The spare printer may be used to print other documents, but it must have a standard toner cartridge installed in it. The local agency is responsible for purchase of standard cartridges for document printing.

VI. Auditing

- A. Printers are exchanged when issues arise.

Procedures

I. Printer Ceases to Function Properly

- A. The local agency clinic staff shall call the WIC "IT help desk" and inform them of the problem.
- B. The "IT help desk" staff will do some basic trouble shooting and if the problem cannot be resolved, instruct the clinic staff to replace the benefit printer with the backup printer.
- C. The "IT help desk" staff will ship a replacement printer to the clinic.
- D. The local agency clinic staff will install the replacement printer and return the broken printer in the same shipping container that the replacement printer was shipped in.

Policy Number: 4-24
MICR Printer Cartridge Policy
Effective/Revised Date: October 1, 2006

Title: MICR Printer Cartridges

Purpose

Local WIC Agencies are to use MICR cartridges for printing benefits only.

Authority

State Policy

Policy

MICR printer cartridges will be supplied by the State WIC Office. Local Agency WIC staff will ensure these cartridges are used only when printing benefits for WIC participants, except as previously noted for laptop clinics.

Guidelines

I. Number of Cartridges at the Clinic

The State WIC Office will provide two cartridges for each network and standalone site. Two cartridges will also be provided for laptop computer sites.

II. Procurement

The State WIC Office will provide MICR cartridges. Local WIC clinics shall call the State Office to request a cartridge replacement. The State WIC Office will send out the new cartridge.

III. Use

MICR cartridges shall only be used to print benefits. They shall not be used to print other documents, except as previously noted for laptop clinics.

IV. Storage

MICR cartridges shall be handled the same as benefit stock (kept in locked storage).

V. Auditing

Compare number of benefits issued per MICR cartridge. Do a daily check to determine reorder timelines.

Procedures

I. Obtaining MICR Cartridges

The local WIC clinic shall call the WIC 800 number and select option 2.

Policy Number: 4-25
Clinic Printing Mode Policy
Effective/Revised Date: October 1, 2006

Title: Clinic Printing Mode

Purpose

The updated WIC software supports Automated benefit printing in either an “on” or “off” mode.

Authority

State Policy

Policy

Local Agency WIC clinics must use the appropriate benefit print mode for their clinic.

Procedures

I. Automated “ON” Mode

- A. This mode is used by laptop clinics, standalone clinics and by network clinics when the appropriate conditions are met. Any local WIC clinic staff may print benefits when the benefit printer is in the “ON” mode.
- B. A printer in the “ON” mode must be attended and out of reach of the participants at all times or this printer must be installed in a locked closet

II. Automated “OFF” Mode

- A. This mode is used by local WIC clinics that have two or more staff working at the same time. It supports the federally mandated separation of duties requirement (see Policy 5-7, WIC Employees as WIC Participants).
- B. When local WIC clinic personnel issue benefits, the request goes into a benefit issuance queue. Benefits are issued to the print queue by the CPA. The CPA instructs the participant to see the receptionist on their way out to pick up their benefits.
- C. When the participant arrives at the receptionist desk, the receptionist looks up the participant’s name or ID in the print queue, prints the benefits and hands the benefits to the participant, following WIC Benefit instructions per Policy 8-12, Food Delivering System, Procedures 1.E).
- D. A printer in the “OFF” mode must be out of reach of the participants. The main WIC program and the WIC Benefit Printing program must also be closed (at the sign on screen) when this benefit printer is unmanned.

III. General Requirements for Switching Modes

Laptops and standalone clinics will always be in the “ON” mode. Networked clinics may choose between the two modes when there are less than four people logged into the WIC program.

Policy Number: 4-26
Benefit Stock Policy
Effective/Revised Date: October 1, 2006

Title: Benefit Stock Policy

Purpose

Coordinate and manage the distribution of benefit stock to local WIC agencies.

Authority

State Policy

Policy

Regional Lead WIC agencies shall contact the WIC State Office to order benefit stock for their program.

Guidelines

I. General

- A. Benefit Stock management shall take place in the context of a “distribution” site. A distribution site is a central place where benefit stock is shipped to and stored for a group of clinics. For example, a main clinic may store stock for itself and for its satellite clinics.
- B. Every distribution site has a designated responsible clinic that is responsible for benefit stock management. All clinics associated with a distribution site can share benefit stock without any paper work; however, the responsible clinic for a distribution site is responsible for accounting for all benefit stock it receives. Distribution sites are predefined by an agreement with the State WIC Office and in general follow the regional groupings.

II. Benefit Stock Supplies

Clinics shall maintain a six-month supply of benefit stock or a minimum of 500 sheets. Ordering is expected to take place a maximum of twice a year. Additional orders may be subject to a surcharge.

III. Procurement

The responsible clinic for a distribution site shall call or e-mail the State WIC Office to order benefit stock (800) 433-4298, option 2.

IV. Benefit Stock Use

Benefit stock shall only be used to print benefits in accordance with WIC benefit issuance policies.

V. Security

Benefit stock (and MICR cartridges) shall be stored in a locked location.

VI. Auditing

- A. Compare the number of benefits issued with stock sent/stock on hand.

- B. Submit a monthly report of benefit stock (count by box or full reams to the State WIC Office to determine reorder alerts).
- C. Complete and submit a report to the State WIC Office of destroyed benefit stock.

Procedures

I. Obtaining Benefit Stock

The responsible clinic shall call the WIC 800 number and select option 2.

II. Verifying Benefit Stock

The responsible clinic shall count all full boxes of benefit stock. The clinic shall count all unused reams (packages) in open boxes.

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Policy Number 4-27

WIC Program Benefits Are Provided Through Contracts

Effective Date: October 1, 1997

Title: WIC Program Benefits Are Provided Through Contracts

Purpose

WIC participants in Montana will receive benefits from WIC Local Agencies who contract with the WIC State Office. Standards for Local Agencies are listed below.

Authority

7 CFR 246.5 (d), Selection of local agencies.

Policy

The Montana WIC Program will contract with WIC local agencies to provide program benefits to eligible women, infants and children who reside in Montana.

I. Standards for Local Agencies

Priority	Local Agency	Standard
1	Public or private nonprofit health agency	Provider's ongoing, routine pediatric and obstetric care and administrative service.
2	Public or private nonprofit health or human services agency	Enters into written agreement with another agency for either ongoing routine pediatric and obstetric care or administrative services.
3	Public or private nonprofit health agency	Enters into written agreement with private physicians, licensed by the state, to provide ongoing, routine pediatric and obstetric care to a specific category of participants.
4	Public or private nonprofit human services agency	Enters into written agreement with private physicians, licensed by the state, to provide ongoing, routine pediatric and obstetric care.
5	Public or private nonprofit health or human service agency	Provides ongoing, routine pediatric and obstetric care through referral to a health provider.

Title: Distribution of Funds to Local Agencies

Purpose

The WIC Program receives an annual grant from USDA consisting of Food funds and Nutrition Services and Administrative (NSA) funds. WIC program benefits are provided to participants by local agencies through contracts with DPHHS-WIC. NSA funds received from USDA shall be provided to local agencies as allocated by the funding formula.

Authority

7 CFR 246.16(d)

Policy

The Montana WIC Program distributes NSA funds to local programs using a participant based formula.

Formula

I. Equitable Formula

An equitable formula will be established by the State agency in conjunction with appropriate state and local agency staff. The formula will be applied statewide.

II. Contracts/Budgets

A. General

1. Budgets are formal quantitative plans of action, or more simply stated, a plan of how to appropriately spend the money provided. Funds for local programs are from the US Department of Agriculture, distributed through the Department of Public Health and Human Services.
2. Each year local WIC program budget allocations are based on an estimated federal grant. Final federal grant awards are not known until 3 to 4 months after contracts are initiated. Once notice is received of the final grant award, local WIC program budgets may need to be adjusted accordingly.

III. Term of Contract

Local WIC program contracts are renewed on the federal fiscal year. They are valid for 1 year beginning October 1 and ending September 30. Funds for that contract period must be spent or obligated prior to September 30. Excess funds cannot be carried to another contract.

IV. Annual Renewal and Review

- A. Each year prior to expiration of the contracts/agreements, a review of the qualifications of local agencies to operate WIC is conducted by the State Agency. This review is coincident with the submission of budgets for the coming year and

provides a mechanism whereby it can be assured that WIC is managed properly. The review criteria used are:

1. Availability of other community resources to participants and the cost efficiency and cost effectiveness of the local program in terms of both food and nutrition services, and administrative cost.
2. Caseload and percentage of participants in each priority level being served by the local agency and percentage of need being met in each participant category.
3. Relative position of minority and/or special populations served by the local program in the affirmative action plan.
4. The local program's place in the priority system, listed in 7CRF 246.5(d)(1).
5. Capability of another local program or programs to accept the local program as participants.
6. Cost efficiency and cost effectiveness of local agencies. This review will include, at a minimum, the following:
 - a. Current staffing ratio for certification, assessment and nutrition education for projected caseload;
 - b. Administrative cost per participant;
 - c. Utilization of in kind services;
 - d. Administrative monitoring results and corrective action plan completion; and
 - e. Plan for reaching high risk participants (Priorities I, II and III).
7. In compliance with 7CFR part 3017, certification will be included in contractor's agreements that they and any subcontractors have not been debarred or suspended.

V. Local WIC Program Contracts/Task Orders

Local Programs contracted under the 7 year Master Contract with the Department of Public Health and Human Services (DPHHS) will receive a Task Order which is renewed annually. Local WIC Programs not contracted with a DPHHS Master Contract will receive an annual Contract with DPHHS. See Attachment I for a sample Task Order. (Contract language is subject to change as this order is to serve solely as a sample.)

VI. Funding Formula

A. Budget Allocation

1. A funding formula is established by the state agency in conjunction with state and local staff. Local program budget allocation is based on "per participant funding." Caseload is based on an average of actual participants served during the months of April through March
2. Funding is calculated for total regional clinic participation. All regions will also receive \$2000.00 for being a region plus caseload management funds. Regional lead agencies will receive an additional \$4000.00 for agency support.

B. Contract Award

All contract award amounts may be subject to change. Contracts are awarded based on preliminary grant figures and assured grant award for caseload maintenance and conference/training travel. Once the State Agency is notified of its actual grant award, additional OA funds, potential changes may have to be made to the contract awards.

C. Grant Award

A local program may choose to not take all, or a portion of, the calculated grant award. The State Agency must be notified immediately of this so the award may be offered and reallocated to other local agencies.

D. Special Circumstances

No additional funds will be available for maternity leave, employee buy-outs, etc. These circumstances must be managed with the grant award already received.

E. Operational Adjustment Funds (OA)

OA funds are included in initial contract award. If OA funds are denied – adjustments will be made to contract award.

VII. Developing a Budget

A. Budgets vary extensively between programs. Variables may include salaries, benefits, indirect or administrative costs, rent, cleaning, telephone or travel. There are two ways to develop a budget.

B. Based on actual, known costs, it may be easier to calculate monthly costs then multiply by 12 to define a yearly budget. Determine hours of operation to calculate salaries. Benefits percentage is provided by your employer.

C. As a general guideline, to determine number of FTE's needed for a WIC clinic, multiply the number of participants by .0013 for CPA time and .0026 for Aide time. This may vary per clinic depending on days of operation and computer usage.

Next, determine fixed operating costs such as rent, cleaning, insurance, etc. Then determine variable operating costs such as travel, contracted services, supplies, etc. Total all for your yearly budget.

VIII. Budget Proposal Submission/Timetable

A. Budget Proposal Submission

1. Detailed budget requests must be developed for personnel and operating expenses. Use the following procedure to develop a budget request. The submitted budget request may not exceed the total amount awarded in the funding formula.
2. Forms and instructions for submitting proposed budget will be sent to local programs each year.
3. See the end of this Chapter for examples of forms and instructions.
4. Local program budget timeline.

<u>Deadline</u>	<u>Activity</u>
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June 15	State Agency sends out re-application package
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July 31	Local program returns budgets to State Agency
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August 15	State Agency completes review of budgets
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August 18	Contracts submitted to DPHHS Contracts Section (reservation programs first for additional review by Department of Justice.)
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September 1	Contracts sent to local agencies for signing.
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5. The State Agency contracting process is very specific and must be followed explicitly to accommodate fiscal and legal requirements.
 - a. The contract has a:
 - (a) liaisons (usually the people involved directly in WIC);
 - (b) State Agency Program Coordinator and whoever is --responsible for WIC at the local program) and;
 - (c) signatory who signs the contract (usually a county commissioner, hospital administrator or tribal chairman.)
 - b. The contract is sent by DPHHS Contracts Services directly to the person who signs the contract. After the original is signed by all parties, the contract takes effect.

IX. Allowable Expenses

A. General

Nutrition services and administration funds are to be used for direct or indirect costs which are necessary for the support and fulfillment of WIC program operations and objectives. All charges to the grant or contract must be actual, necessary and reasonable and obligated within the appropriate contract period, for proper and efficient Program administration

1. Personnel Expenses are salaries and benefits for WIC program staff. This staff must provide certification/eligibility and nutrition education to WIC participants. Administrative staff performing WIC related duties is allowable.
2. Operating Expenses are non-personnel expenses required or needed for the operation of a WIC clinic. Examples of operating expenses are: travel, supplies, rent, telephone, postage, contracted services and nutrition and breastfeeding education materials.

X. WIC Administrative Budget Request for FFY2008

A. Introduction

Detailed budget requests must be developed for personnel and operating expenses. Use the following procedure to develop a budget request. The submitted budget request may not exceed the amount provided for in the funding formula. The funds provided will be for the period October 1, 20XX through September 30, 20XX.

B. Background

1. Funds for local programs are from the US Department of Agriculture, distributed through the Department of Public Health and Human Services. Each year local program budget allocations are based on an estimated federal grant. Final federal grant awards are not known until 3 to 4 months after contracts are initiated. Once notice is received of the final grant award, it is possible that local program budgets may be in need of adjustment(s) depending upon grant award
2. Local program budget allocations are based on per participant funding. Caseload is based on an average of actual participants served during the most recent 6 months. Caseload base funding is set at a flat rate per participant.

C. Deadline

Budget requests must be submitted to the State office no later than August 15, 20XX.

XI. Personnel Expenses – Worksheet 1

- A. Salaries - Include salaries for all personnel performing work for WIC and remember to allow for pay raises. If you anticipate hiring someone within the contract year, include his or her total FTE and list as vacant or new. Whenever possible, consider using volunteers to assist your office or sharing arrangements with adjacent counties in order to save money.
- B. Benefits - Benefits include payroll taxes, insurance and other items specific to your agency.
- C. Contracted Services - Costs for personnel hired under contract (e.g., registered dietitian) should be included in operating expenses.
- D. Instructions - Following the steps below to properly complete the WIC Personnel Services Form. See Worksheet 1.

Step	Action
1	Enter Agency/Clinic name
2	Enter employee names and job titles.
3	Enter WIC Generic Title of either CPA, Aide or Other
4	Determine employee's full-time equivalent (FTE). Standard hours for 1.0 FTE are 2080 hours, .50 FTE is 1040 hours and .25 FTE is 520 hours.
5	Enter employee's hourly wage, annual salary and annual benefits.
6	Enter total salary and benefits for each employee.
7	Calculate cumulative totals for salaries and benefits.
8	Divide by 12 to determine monthly budget.
9	Enter total program FTE's for 'CPA', 'Aide'
10	Determine in-kind personnel costs, if applicable.

XII. WIC Operating Expenses – Worksheet 2

A. Before You Begin

Listed below are descriptions of various operating expenses. These are the most common and not all inclusive. Complete Worksheet 2 to determine your operating expenses. Remember to include expenses for satellite/outlying clinic sites. Expenses have been separated into monthly, quarterly, one-time and in-kind.

B. In-kind

In-kind are those expenses provided by your agency at no cost to the WIC Program. These may include administrative personnel costs, rent, supplies, etc. It is important to estimate these costs so that we may continue to move toward fair and equitable funding for all clinics.

C. Indirect vs. Direct Admin. Cost

1. Requests for indirect or direct administrative, payroll/personnel, accounting, audit charges or similar terminology must be documented. This could be your current federally approved Indirect Cost Plan or your internal cost allocation plan. Attach documentation showing approved percentage. **If claiming Indirect Cost an attached Indirect plan must be submitted for approval before any indirect claims can be reimbursed.** Typical indirect costs may include:

- a. Central service costs,
- b. General administration of contract,
- c. Accounting and personnel services,
- d. Depreciation or use allowance on buildings and shipment (rent),
- e. Costs of operating and maintaining facilities.

NOTE: A maximum of 25% per month can be applied for indirect or administrative charges. Also, an increase of no ore than 2% per year will be allowed.

D. Bookkeeping or Audit Fees

1. Bookkeeping or one-time audit fees do not have to be approved.
 - a. Bookkeeping would be solely for processing payroll and invoices. These charges would be direct charges and must be supported by timecards/timesheets.
 - b. One-time audit fees would be for an outside audit firm to conduct a required audit.

E. Contracted Services – Include any contracted services such as those of a registered dietitian or sub contracted clinic. Reminder: you are required to submit a copy of all contract(s) to the State Office. Prior to November 15.

F. Travel - Predict mileage expenses to and from satellite/outlying clinics and food retailers based upon current rates. Also, predict commercial travel to workshops, conferences or training courses that are not state required.

XIII. Equipment

A. Equipment Cost

1. **Any piece of equipment costing more than \$1,000 must receive prior written approval from the State Office, as per contract guidelines.** Requests for equipment in this category must be received at least 45 calendar days prior to the planned expenditure. Approval of the Budget Request form does not constitute approval of equipment costing more than \$1,000, prior written approval is still needed.

XIV. Operating Expenses

- A. Supplies: Office, cleaning, lab or miscellaneous supplies.
- B. Rent: Monthly rental charges for your clinic space.
- C. Telephone: Monthly phone line and call charges.
- D. Postage: Estimate postage costs to mail information or reminders to clients, documents or equipment to the State Office, etc.
- E. Utilities: Charges to provide heat, air conditioning and electricity or your clinic.
- F. Cleaning: Janitorial services to clean your clinic.
- G. Advertising: Costs for advertising WIC Program benefits or job announcements.
- H. Copies/Printing: Monthly copier use fees or direct charges for copying or printing WIC related materials, forms, newsletters, etc.
- I. Insurance: Malpractice or other insurance.
- J. Laboratory: Costs for hematological services. (Do not include lab supplies here. Lab supplies should be included in supplies.)
- K. Migrants: Total additional expenses required to handle seasonal influx of migrant workers (i.e., hours, mileage, supplies, etc.).
- L. Nutrition Education: Items to be used in nutrition education such as supplies, books, visual aids, etc.
- M. Breastfeeding Education: Items to be used specifically for breastfeeding education such as breast pumps, supplies, books, visual aids, etc.
- N. Repairs: Costs to repair equipment or maintain facility
- O. Subscriptions: Costs for periodicals or MAWA dues.
- P. Training: Use only if your agency wishes to track training costs such as registration fees, travel expenses, materials, etc
- Q. Vaccines: Hepatitis B vaccines.
- R. Other: Identify what these categories might include. Without written detail, a request for funds in this line item will be denied.

XV. Instructions

- A. Follow the steps below to properly complete the WIC Operating Expenses Form.

See Worksheet 2

Step	Action
1	Enter Agency/Clinic name
2	Determine budget for each line item. Enter budgeted amount in monthly, quarterly or one-time column as appropriate. Complete information as indicated on the form.
3	Determine in-kind budget for each line item, as appropriate. This would be what you anticipate your parent agency will provide (i.e., rent supplies, lab services, act.)
4	Calculate cumulative totals for each column.
5	Divide the monthly total by 12 to determine monthly expenditures. Add quarterly and one-time expenditures to the months you anticipate the expenditure.

XVI. General Contract Information – Worksheet 3

A. General Contract Information

1. Provide the following information on Worksheet 3
 - a. Contract agency name, signatory name and title, address, phone, fax, federal identification number, and email.
 - b. Contract liaison name and title, address, phone, fax and email.
 - c. Financial reporter name and title, address, phone, fax and email.
 - d. Main clinic address, phone, fax, email and days/hours of operation.
 - e. Satellite or outlying clinic address, phone and days/hours of operation.

IMPORTANT: Worksheet 3 must be signed by the person preparing the budget request.

XVII. Budget Submittal

- A. Ensure all 3 Worksheets are complete and submit them by the deadline to: Michelle Sanchez, DPHHS, Nutrition Section/WIC, PO Box 202951, Helena, MT 59620-2951

XVIII. How to Monitor Budgets

A. Why Monitor Budgets?

1. Contract Requirements

Local programs will only be reimbursed for actual, necessary and reasonable costs associated with the administration of the WIC Program.

2. Funding Levels

Staying within the authorized budget is critical. Any overspending of WIC budgets will have to be made up from other local funds.

3. Grant Management

Assist the State Agency in managing statewide grant.

B. Who Should Monitor the Budget Status?

The local WIC Program Director, or contract liaison, is responsible for checking budget status, even if they are not the person preparing the Expenditure Report.

C. How to Monitor the Budget

The easiest way to monitor the local program budget status is to compare the spending rate for each month to the recommended spending rate shown in the table below.

Month	Recommended % Spent
October	8.4
November	16.8
December	25.2
January	33.6
February	42.0
March	50.4
April	58.8
May	67.2
June	75.6
July	84.0
August	92.4
September	100

- D. Computing a spending rate can be determined at the end of each month by adding the line items:
1. Expenditures: What has been paid for services or goods already received; money spent (personnel, indirect, operating expenses, etc.) from the month's expenditure report; plus
 2. Obligations: What is owing for services received in the month but not yet paid (e.g., rent which might only be paid quarterly).
 - a. Divide the total of expenditures and obligations by the total amount budgeted, this will provide the percentage spent.
 - b. As it is determined whether or not the spending rate is "in line," necessary adjustments can be made. This ongoing budget analysis will help prevent overspending.
- E. Expenses can be projected to the end of the fiscal year. Refer to the Recommended Spending Pattern table. Compare the percentage the local program has with the recommended percent spent for the month. This will provide at a glance whether or not local program is staying within budget limitations.
1. After the current spending rate has been checked, expenses to the end of the fiscal year can be projected, include in the calculations any anticipated one time expenses. One-time expenses might be nutrition education materials not yet purchased, funds set aside for a workshop, and a June rent increase and so forth.
 2. Projecting to the end of the year will tell whether or not the local program has sufficient funds left for one-time and ongoing expenses and will alert to a need to reduce spending if necessary.

XIX. Contract Modifications

A. Contract Modification

1. Contracts may be modified during the contract year to allow for changes in the funding, agencies or FTE's.
2. Requests for modifications from local programs must be in writing and describe in detail the proposed change. Contact with the State Agency prior to the written request is encouraged.
3. Modifications are requests for additional funds and reviewed on a case-by-case basis. As a guideline, modification may be approved portable equipment to start up a new satellite or out-lying clinic, unpredictable excess hours due to migrant influx, or computer related phone lines.
4. Within 10 days of receipt of the request, the WIC program Coordinator and Contract Services Program Specialist will review the request.
5. Additional information, if needed, will be requested within 5 days of the initial review.
6. Requestors will be notified in writing of approval or denial of the request within 20 days of receipt of a complete request.

XX. Equipment Purchase/Inventory

A. Purchasing Criteria

1. Individual equipment costing \$1,000.00 or more utilizing WIC funds must be requested 45 calendar days prior to the planned expenditure and written approval from the State Office must be received prior to purchase.
2. Individual purchase over \$5,000.00 must be approved by the USDA Regional Office through the State Agency. In addition, certain automated data processing must receive Regional approval. Contact the State Agency for guidance.
3. All computer equipment purchase must be approved by the State Agency prior to purchases, with the exception of supplies (i.e., printer ribbons, computer paper or diskettes).
4. Special purchase of medical equipment, such as HemoCues, is allowed for certification purposes if prior approval is received from the State Agency (approval required regardless of cost).
5. If approval is given and equipment is purchased, it becomes the property of the State Agency.

B. Equipment Inventory Criteria

1. Notify the State Agency when equipment, or items with a useful life of more than 1 year, is received. Various property tags are assigned depending on acquisition cost and must be supplied by the State Agency. Property tags must be placed in a conspicuous place on all items purchased solely with WIC funds (i.e., desks, scales, cabinets, computers, etc.).

2. In the event the project ceases its “local program” relationship with the State Agency, all equipment and supplies, regardless of their cost, must be returned to the State Agency.
3. Notify State Agency personnel whenever equipment becomes obsolete or worn out. State Agency staff will make arrangements to surplus equipment and purchase new equipment if necessary.
4. The State Agency will assist in providing temporary equipment in emergency situations.

C. Expenditure Report

1. This report is used to list expenditures paid (obligations incurred) by the local agency under the terms of the contract.
2. The Expenditure Report is to be completed for each month and submitted by the 28th of the following month to the State Agency unless an alternate date has been negotiated and written approval granted.
3. DPHHS has no obligation to reimburse Expenditure Reports submitted beyond the contractual submittal date or any adjustment to expenses reported more than 90 days after actual expenditure.
4. Expenditure reports are to be signed by both the preparer and local WIC Program Director. This ensures that both parties are familiar with the financial status of the local program.

D. Line Item Expenditures

1. The form is self-explanatory. All information must be accurately filled in before reimbursement will be approved.
2. If personnel or other expenditures reported are not complete for the reporting period, an explanation of this discrepancy must be attached to the Expenditure Report and signed by the local WIC Program Director
3. Adjustments for missed or corrected expenditures from previous month (or up to 90 days) must be shown in adjustment column with an explanation written on back of form.
4. Illegible and unsigned reports will be returned for correction before being processed at State Agency.
5. The Expenditure Report is reviewed at the State Agency by comparing the current report with the prior month’s report, year to-date available hours and budget limits set in the contract.
6. The State Agency staff will contact the preparer for clarification of incomplete or inaccurate reports. Minor errors will be corrected at the State Agency and a corrected copy sent to the preparer for reference.
7. Once deemed accurate and complete, the Expenditure Report is approved and payment is processed. Reimbursements are based on actual and approved expenses.

8. Final expenditures for the contract year (September) must be kept separate from new contracts expenditures and not included on a new contract Expenditure Report (October, November, etc.).
9. Any expenditure made or obligated prior to October 1 must be included on the Final September Expenditure Report.
10. The easiest, most direct way to account for local agency expenses is to pay them before the fiscal year ends.
11. Program expenditures for supplies, equipment, etc. should be ordered two or three months prior to September 30.
12. Receive and pay bills prior to September 30.
13. Send the final revised Expenditure Report to the State Agency before December 31 for closing-out the contract. Any revised reports received after 60 days from contract year end are not eligible for payment with WIC funds.
14. If you will not have any outstanding bills, or accruals, submit your September Expenditure Report with "FINAL" marked in the upper right hand corner of the form.

E. Required Documentation

1. All expenses reported to, and reimbursed by, the State Agency must be documented to meet audit requirements. Documentation should be attached to the local program file copy of the Expenditure Report to ease the review process.
2. Documentation, in its simplest form, would be to attach the actual bill to the Expenditure Report.
3. If this is not possible, copies of the bills can be attached or provide a list, broken down by line item, of where the particular bills can be found (if they are attached to a warrant or voucher, list the corresponding voucher or warrant number and the location of these files). Also, copies of timesheets or their location should be shown.

Policy Number 4-29
Security and Disaster Recovery Plans
Effective Date: October 1, 1997

Title: Security and Disaster Recovery Plans

Purpose

To have a written plan of guidance to recover from natural and/or man-made disasters which disrupt or interfere with the regular delivery of program services.

Authority

State Policy

Policy

All local WIC Programs will have a written plan for system security and disaster recovery which will be regularly maintained at the local WIC program offices.

I. Guidance

A. Written guidance for the preparation of Security and Disaster Recovery plans are available from the state WIC office.

B. Plan Content

1. Each plan must address, but is not limited to, the following topics:
 - a. Physical security of computer resources;
 - b. Protection of equipment from theft and unauthorized use;
 - c. Software and data security;
 - d. Telecommunications security;
 - e. Routine maintenance and cleaning;
 - f. Contingency plans to meet critical processing needs in the event of short or long term interruption of service;
 - g. Emergency preparedness;
 - h. Designation of an agency Security Manager.